Auto Industry Division, Room 112 PO Box 173350 Denver CO 80217-3350 (303) 205-5604

## **Application For Dealer or Wholesaler License Name Change**

Instructions:				
Check Applicable Box:   Motor Vehicle Dealer (2536)   Powersports Dealer (2619)				
Colorado law requires notification of a change of license name (DBA) not less than 10 days prior to the change.				
If notification is received after the effective date of the change, the late fee is due. Attach to this form the following:				
<ul> <li>Attach original bond rider which amends the principal line to reflect the licensed entity and the new DBA</li> </ul>				
<ul> <li>Submit a letter from the manufacturer acknowledging the name change and stating the Manufacturer's Certificate of Origin (MCO) will be issued in the new name. (Franchised dealers only)</li> </ul>				
<ul> <li>Submit a copy of the new trade name registration filed with the Colorado Secretary of State's office. The website address is www.sos.state.co.us</li> </ul>				
<ul> <li>Name change fee. Make check payable to the Colorado Department of Revenue.</li> </ul>				
Mail to: Colorado Department of Revenue Auto Industry Division, Room 112 PO Box 173350 Denver CO 80217-3350				
Current License Name	Denver CO 80217	Dealer E	Email	Business Phone Number
	3333774311133	200.0. 2		( )
Location Address	1		City	State ZIP
New License Name Effective Date				
Dealers (new, used and auction): Complete this section				
1. ☐ Permanent sign in place or ☐ Temporary sign in place with permanent sign ordered.				
<ol> <li>Sign displays new dealer licensed name (DBA).</li> </ol>				
3. Sign's letters are at least 6-inches high.				
<ul> <li>4. ☐ Sign is visible to the major avenue of traffic</li> </ul>				
5. Location photos attached: Four photos are required showing a full view of the lot and sign from across the street				
(at least 100 feet displaying the entire building and lot). One close-up photo of the office building and sign. A				
photo of the rest room and one photo of the inside of the office.				
Dealers and Wholesalers: Read, sign and date this section				
I declare under penalties of perjury in the second degree (Class 1 Misdemeanor) that the above information is true				
and accurate. I realize that my place of business is subject to inspection and any false statements regarding the above				
requirements could subject my license or application to denial, suspension or revocation. I, as owner, co-partner, LLC member/manager, or corporate officer have authority to sign this request.				
Signature (owner, partner, LLC member/manager, or corporate officer)				Title
organization (owner, partition, 220 member/manager, or corporate officer)				Tiue
Printed Name				Date
Fees:				
Fee subject to change annually, the 1st of July.				
	(See website for current fees.)		\$	
Make Check Payable to:	Fee		\$	
Colorado Department of Revenue	Fees Submitted			
\[ \( \tau_{-} \)			Droops Data	\$
For Office Use Only	ctive Date		Process Date	
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